

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>sha</i>	<i>12/946</i>	<i>5/1/01</i>
RESPONSE FORMALITY REVIEW	<i>ka</i>	<i>1019</i>	<i>03-14-02</i>

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY

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*03-14-02*  
*6/1*